

# Cobb County Parks, Recreation and Cultural Affairs Program

## Registration Services

### Family Account Registration Form



Print and provide as much information as possible on this form. Please indicate why you are submitting this form.

**New family account**    **To update my family's information**    **Request to send client codes & PIN**   *Cobb County... Expect the Best!*

#### Main Contact

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ Suite/Apt/Unit \_\_\_\_\_  Male  
 \_\_\_\_\_  Female  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_  Adult  
 Are you a Cobb County resident?  yes  no      Date of Birth \_\_\_\_\_ (mm/dd/yyyy)  
 Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Emergency Contact (Name & Phone Numbers) \_\_\_\_\_

#### Family Member #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 \_\_\_\_\_  Adult  Male  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_  Female  
Required for children 18 and under

#### Family Member #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 \_\_\_\_\_  Adult  Male  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_  Female  
Required for children 18 and under

#### Family Member #3

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 \_\_\_\_\_  Adult  Male  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_  Female  
Required for children 18 and under

#### Family Member #4

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 \_\_\_\_\_  Adult  Male  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_  Female  
Required for children 18 and under

**Signature of Main Contact** \_\_\_\_\_ **Date** \_\_\_\_\_

Only signed forms will be processed, signer affirms that the above information is correct.

**This form may be returned by fax, drop-off or mail if updating family information.**  
**New account requests must be taken to a park facility in person – driver's license required to confirm residency.**

|                            |                     |  |
|----------------------------|---------------------|--|
| <b>For Office Use Only</b> | Date Received:      | Receiving Facility: (check one) <input type="checkbox"/> ADMIN <input type="checkbox"/> CAC <input type="checkbox"/> MVAC <input type="checkbox"/> SCAC <input type="checkbox"/> WCAC  |
|                            | Account Updated by: | <input type="checkbox"/> MHAC <input type="checkbox"/> TAP <input type="checkbox"/> TAS <input type="checkbox"/> GYM <input type="checkbox"/> JRMP <input type="checkbox"/> FRC <input type="checkbox"/> FORC <input type="checkbox"/> SCRC <input type="checkbox"/> WRC                               |
|                            | Record ID:          | <input type="checkbox"/> FOTC <input type="checkbox"/> HTC <input type="checkbox"/> KWTC <input type="checkbox"/> LMTC <input type="checkbox"/> SWTC <input type="checkbox"/> TMTC <input type="checkbox"/> TRS <input type="checkbox"/> LDO <input type="checkbox"/> EDO <input type="checkbox"/> WDO |
|                            |                     | <input type="checkbox"/> Other _____<br>Report Sent: _____ By: _____   |